

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT** ▼Example: If typing, type  
over the lines

LIBERTARIAN NATIONAL COMMITTEE

ADDRESS (number and street)

2600 Virginia Ave NW



Suite 200

Check if different  
than previously  
reported. (ACC)

Washington

DC

20037

2. **FEC IDENTIFICATION NUMBER** ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C00255695

3. IS THIS  
REPORTNEW  
(N)**OR**AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

April 15  
Quarterly Report (Q1)July 15  
Quarterly Report (Q2)October 15  
Quarterly Report (Q3)January 31  
Quarterly Report (YE)July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)Termination Report  
(TER)(b) Monthly  
Report  
Due On:

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

Nov 20 (M11)  
(Non-Election  
Year Only)

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

Dec 20 (M12)  
(Non-Election  
Year Only)

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day  
**PRE-Election**  
Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12G)

Election on

in the  
State of(d) 30-Day  
**Post -Election**  
Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

in the  
State of

5. Covering Period

05

01

2009

through

05

31

2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Aaron Starr

Signature of Treasurer

Electronically Filed by Aaron Starr

Date

06

20

2009

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
LIBERTARIAN NATIONAL COMMITTEE

Report Covering the Period: From: 

M	M
0	5

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
0	5

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1		3178.48
(b) Cash on Hand at Beginning of Reporting Period .....	41829.97	
(c) Total Receipts (from Line 19) .....	76358.71	485321.84
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	118188.68	488500.32
7. Total Disbursements (from Line 31) .....	88312.98	458624.62
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	29875.70	29875.70
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D) .....	13646.51	

☐ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

LIBERTARIAN NATIONAL COMMITTEE

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	5	0	1	2	0	0	9

To:

M	M	D	D	Y	Y	Y	Y
0	5	3	1	2	0	0	9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	12264.02	132539.49
(i) Itemized (use Schedule A) .....		
(ii) Unitemized .....	64094.69	349529.05
(iii) TOTAL (add Lines 11(a)(i) and (ii) ..... ➡	76358.71	482068.54
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ..... ➡	76358.71	482068.54
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	3253.30
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	76358.71	485321.84
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	76358.71	485321.84

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	88187.98	458099.62
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	88187.98	458099.62
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	125.00	525.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	125.00	525.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	88312.98	458624.62
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	88312.98	458624.62

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	76358.71	482068.54
34. Total Contribution Refunds (from Line 28(d)) .....	125.00	525.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	76233.71	481543.54
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	88187.98	458099.62
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	3253.30
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	88187.98	454846.32

The Committee wishes to disclose the following: 1) No expenditures designated on Schedule B supporting Line 21b were made on behalf of any specifically identified federal candidate(s). 2) The Libertarian National Committee (LNC) requests address, employer, and occupation information from all contributors whose yearly aggregate contributions exceed \$200.00 and informs them of the requirement of complying with 11 CFR 104.7(b)(1). In the event that the information is not supplied as a result of the initial request, Committee makes a subsequent attempt to collect the information by mail, email, or telephone contact within 30 days of the initial contribution. This 'follow up' request a) clearly asks for the missing information without requesting a contribution, b) informs the contributor of the requirements for reporting such information under federal law, and c) is enclosed with a pre-addressed envelope when sent by postal mail. If the information is submitted after the initial monthly report is filed, the contributor master file is updated and the information is updated in memo entries filed with the next regularly scheduled report. The Committee also makes periodic requests during the year for all contributors to update their contact information and for contributors whose yearly contributions aggregate to more than \$200 to update their Employer/Occupation information.

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 133

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Michael L. Abrams

Mailing Address 2703 Westgate St

City

Houston

State

TX

Zip Code

77098-1413

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Technology Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.70023

Amount of Each Receipt this Period

100.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Arnold Adicoff

Mailing Address 13952 Collier Rd

City

Grass Valley

State

CA

Zip Code

95945-9340

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Cardiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.70030

Amount of Each Receipt this Period

25.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Brooke Anderson

Mailing Address 9134 134th Ct NE

City

Redmond

State

WA

Zip Code

98052-6436

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CombiMatrix Corp

Occupation

VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.70076

Amount of Each Receipt this Period

50.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

175.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 133

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Gary N. Anderson

Mailing Address 6300 Noland Rd

City

Kansas City

State

MO

Zip Code

64133-4535

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UBM

Occupation  
Investor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 8 / 2 0 0 9

Transaction ID: SA11AI.70082

Amount of Each Receipt this Period

50.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Ruth S. Andrasco

Mailing Address 2410 Kegwood Ln

City

Bowie

State

MD

Zip Code

20715-2821

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Dr. Ronald Sroka

Occupation  
Medical Reception

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.70086

Amount of Each Receipt this Period

50.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

W. Lee Andrus

Mailing Address 5635 Hole In One Dr

City

Prescott

State

AZ

Zip Code

86301-8109

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.70087

Amount of Each Receipt this Period

50.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

150.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 133

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Mett B. Ausley

Mailing Address 3412 Waccamaw Shores Rd

City

Lake Waccamaw

State

NC

Zip Code

28450-9442

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cypress Pathology

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.70110

Amount of Each Receipt this Period

300.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Richard O. Ayres

Mailing Address 1311 Brentwood Ter

City

Eau Claire

State

WI

Zip Code

54703-1994

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Silican Graphics, Inc.

Occupation  
Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 2 6 / 2 0 0 9

Transaction ID: SA11AI.70115

Amount of Each Receipt this Period

60.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Alvin C. Bailey

Mailing Address PO Box 611

City

Auburn

State

AL

Zip Code

36831-0611

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.70125

Amount of Each Receipt this Period

50.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

410.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 133

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Dwight E. Baker

Mailing Address 68 Perkins Rd

City

Cartersville

State

VA

Zip Code

23027-9747

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Energy Operations

Occupation  
Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.70128

Amount of Each Receipt this Period

20.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Chris Batchelor

Mailing Address 1276 Creek Bend Rd

City

Jacksonville

State

FL

Zip Code

32259-2923

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AT&T

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.70172

Amount of Each Receipt this Period

50.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Jeffrey P. Beadles

Mailing Address 725 Northlake Blvd Apt 76

City

Altamonte Springs

State

FL

Zip Code

32701-6732

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WDW Swan Resort

Occupation  
Chauffeur

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 2 / 2 0 0 9

Transaction ID: SA11AI.70177

Amount of Each Receipt this Period

250.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

320.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 133

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Catherine D. Blackmon

Mailing Address 6905 E Osborn Rd Unit D

City

Scottsdale

State

AZ

Zip Code

85251-6223

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 4 / 2 0 0 9

Transaction ID: SA11AI.70240

Amount of Each Receipt this Period

50.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Douglas C. Boehler

Mailing Address 828 Broadway

City

Bangor

State

PA

Zip Code

18013-2320

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AT&T

Occupation  
Customer Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.70268

Amount of Each Receipt this Period

50.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Rick Bond

Mailing Address 10672 Hillshire Ave

City

Baton Rouge

State

LA

Zip Code

70810-0714

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.70276

Amount of Each Receipt this Period

50.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

150.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 133

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Terry Bonds

Mailing Address 601 Pelham Rd S

City

Jacksonville

State

AL

Zip Code

36265-2731

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.70277

Amount of Each Receipt this Period

30.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Frank J. Bowman

Mailing Address PO Box 6324

City

Laguna Niguel

State

CA

Zip Code

92607-6324

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.70300

Amount of Each Receipt this Period

50.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Justin W. Boyd

Mailing Address 1350 Coventry Glen Dr Apt 103

City

Round Lake

State

IL

Zip Code

60073-5833

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Automated Technologies

Occupation

Accountant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 2 8 / 2 0 0 9

Transaction ID: SA11AI.70306

Amount of Each Receipt this Period

50.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

130.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 133

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Gregory R. Brodnick

Mailing Address 2229 El De Oro Dr

City

Clearwater

State

FL

Zip Code

33764-6640

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Florida Frames Inc.

Occupation

Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 8 / 2 0 0 9

Transaction ID: SA11AI.70343

Amount of Each Receipt this Period

50.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Richard Bronstein

Mailing Address 6220 Enfield Ave

City

Encino

State

CA

Zip Code

91316-7106

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Green Sky Insurance Servi-  
ces

Occupation

Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 6 / 2 0 0 9

Transaction ID: SA11AI.70345

Amount of Each Receipt this Period

500.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Christopher M. Brookover

Mailing Address 132 Fortnightly Blvd

City

Herndon

State

VA

Zip Code

20170-3754

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ETG, Inc.

Occupation

Sr. Tech Analysis

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.70346

Amount of Each Receipt this Period

25.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

575.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 133

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Chris Bubash

Mailing Address 1230 Green Timber Trl

City

Dayton

State

OH

Zip Code

45458-9336

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.70381

Amount of Each Receipt this Period

50.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Wallace Howard Burton

Mailing Address 213 S 4th St

City

Festus

State

MO

Zip Code

63028-2210

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.70418

Amount of Each Receipt this Period

50.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

D. J. Cahill

Mailing Address 23212 Peach Tree Road

City

Clarksburg

State

MD

Zip Code

20871

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.70433

Amount of Each Receipt this Period

50.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

150.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 133

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Allen E. Chantelois

Mailing Address 5555 N Meade St

City

Appleton

State

WI

Zip Code

54913-8382

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CHN

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.70493

Amount of Each Receipt this Period

100.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Gary Cody

Mailing Address 18 Calle Vallecitos

City

Tijeras

State

NM

Zip Code

87059-7870

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
JEG

Occupation  
Engr

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 8 / 2 0 0 9

Transaction ID: SA11AI.70527

Amount of Each Receipt this Period

25.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Jack Cole

Mailing Address 4511 99th St W Unit A

City

Bradenton

State

FL

Zip Code

34210-1820

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 1 / 2 0 0 9

Transaction ID: SA11AI.70538

Amount of Each Receipt this Period

275.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

400.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 133

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Michael C. Colley

Mailing Address 444 Magnolia Dr

City

Gulf Shores

State

AL

Zip Code

36542-4408

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired (U.S. Navy)

Occupation

Vice Admiral, Ret.

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.70545

Amount of Each Receipt this Period

200.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

William Charles Collins

Mailing Address 505 Mallory Court

City

El Paso

State

TX

Zip Code

79912-4228

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Senior Care

Occupation

Hospital Administrator

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 7 / 2 0 0 9

Transaction ID: SA11AI.70552

Amount of Each Receipt this Period

250.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Wayne Confer

Mailing Address 3321 Edinburgh Rd

City

Allentown

State

PA

Zip Code

18104-2617

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.70560

Amount of Each Receipt this Period

85.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

535.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 133

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Patrick J. Dixon

Mailing Address 5002 Sundown St

City

Lago Vista

State

TX

Zip Code

78645-6066

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DPAS INC

Occupation  
Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.70727

Amount of Each Receipt this Period

50.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

John P. Evans

Mailing Address 515 Lake St S Apt 305

City

Kirkland

State

WA

Zip Code

98033-6446

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Solutions, IQ

Occupation  
Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 4 / 2 0 0 9

Transaction ID: SA11AI.70841

Amount of Each Receipt this Period

100.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Richard Evey

Mailing Address 4150 Trim Tree Dr

City

Morganton

State

NC

Zip Code

28655-8431

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.70844

Amount of Each Receipt this Period

45.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

195.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 133

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**LIBERTARIAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
 Fred Ferrari

Mailing Address 510 11th St

City State Zip Code  
 Huntington Beach CA 92648-4030

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Pacific Carpets, Inc

Occupation  
 Controller

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 5 / 2 0 / 2 0 0 9

Transaction ID: SA11AI.70879

Amount of Each Receipt this Period

250.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)  
 Robert Ford

Mailing Address 614 Northtown

City State Zip Code  
 Mountain Home AR 72653-3105

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 MCAMA

Occupation  
 Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 5 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.70914

Amount of Each Receipt this Period

85.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)  
 Randy Gann

Mailing Address 6335 S 72nd East Ave

City State Zip Code  
 Tulsa OK 74133-1122

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 EDS

Occupation  
 Computer Programmer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 5 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.70975

Amount of Each Receipt this Period

50.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

385.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 133

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**LIBERTARIAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Peggy Garner

Mailing Address 218 Diane Dr

City

Madison

State

TN

Zip Code

37115-2564

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.70983

Amount of Each Receipt this Period

35.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

June R. Genis

Mailing Address 142 Rainbow Dr # 4275

City

Livingston

State

TX

Zip Code

77399-1042

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.70995

Amount of Each Receipt this Period

85.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Jay Gillotte

Mailing Address 8220 David Hwy

City

Lyons

State

MI

Zip Code

48851-9755

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Presort Services, Inc.

Occupation  
Bus. Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

640.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.71013

Amount of Each Receipt this Period

120.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

240.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 133

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Darrell Goldman

Mailing Address 4725 N County Road 25 W

City

Bainbridge

State

IN

Zip Code

46105-9695

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Quaker Chemical

Occupation

Site Coordinator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.71027

Amount of Each Receipt this Period

30.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

David Haire

Mailing Address 4112 Triple Crown Loop N

City

Southaven

State

MS

Zip Code

38671-5064

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Terex

Occupation

Systems Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 5 / 2 0 0 9

Transaction ID: SA11AI.71127

Amount of Each Receipt this Period

250.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Wayne E. Harley

Mailing Address 1315 Richmond Dr

City

Melbourne

State

FL

Zip Code

32935-5325

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Rockwell Collins Avionics

Occupation

Sr Eng Test Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.71164

Amount of Each Receipt this Period

100.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

380.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 133

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Thomas F. Hastings

Mailing Address 10009 Vista Dr

City

Lenexa

State

KS

Zip Code

66220-2637

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Charles River Laboratory

Occupation

Veterinary Pathologist

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.71183

Amount of Each Receipt this Period

50.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Rachel Hawkrige

Mailing Address 10522 Lake City Way NE Ste C103

City

Seattle

State

WA

Zip Code

98125-7750

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.71189

Amount of Each Receipt this Period

50.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Ken Heinemann

Mailing Address 3901 S Via Del Ruisenor

City

Green Valley

State

AZ

Zip Code

85614-5017

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.71202

Amount of Each Receipt this Period

100.00

Contribution

SUBTOTAL of Receipts This Page (optional) .....

200.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 133

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Brad W. Henry

Mailing Address 3606 41st Ave W

City

Seattle

State

WA

Zip Code

98199-1836

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mindworks, Inc.

Occupation

Software Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.71216

Amount of Each Receipt this Period

10.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Richard T. Hogan

Mailing Address 4425 Shorewood Dr N

City

Hoffman Estates

State

IL

Zip Code

60192-1018

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Zurich North America

Occupation

Systems Programmer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 4 / 2 0 0 9

Transaction ID: SA11AI.71252

Amount of Each Receipt this Period

50.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Douglas Hoiles

Mailing Address 10047 E Acampo Rd

City

Acampo

State

CA

Zip Code

95220-9480

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.71253

Amount of Each Receipt this Period

50.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

110.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 133

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Lincoln B. Hubbard

Mailing Address 4113 W End Rd

City

Downers Grove

State

IL

Zip Code

60515-2307

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hubbard, Broadbent & Asso-  
ciates LTD.

Occupation

Radiological Physicist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.71288

Amount of Each Receipt this Period

150.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Lincoln B. Hubbard

Mailing Address 4113 W End Rd

City

Downers Grove

State

IL

Zip Code

60515-2307

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hubbard, Broadbent & Asso-  
ciates LTD.

Occupation

Radiological Physicist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 4 / 2 0 0 9

Transaction ID: SA11AI.71289

Amount of Each Receipt this Period

150.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Richard E. James

Mailing Address 700 Greystone Park NE

City

Atlanta

State

GA

Zip Code

30324-5297

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
R. James Properties, Inc.

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 2 9 / 2 0 0 9

Transaction ID: SA11AI.71326

Amount of Each Receipt this Period

40.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

340.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 133

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Richard E. James

Mailing Address 700 Greystone Park NE

City

Atlanta

State

GA

Zip Code

30324-5297

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
R. James Properties, Inc.

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 2 9 / 2 0 0 9

Transaction ID: SA11AI.71327

Amount of Each Receipt this Period

45.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Gordon Johnson

Mailing Address 117 Birdie Dr

City

Suffolk

State

VA

Zip Code

23434-9283

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
General Dynamics

Occupation

Principal Systems Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 4 / 2 0 0 9

Transaction ID: SA11AI.71369

Amount of Each Receipt this Period

250.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

John Brady Jones

Mailing Address 402 Massie St

City

Atlanta

State

TX

Zip Code

75551-2332

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ward Timber Co., Inc.

Occupation

Forester

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.71390

Amount of Each Receipt this Period

60.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

355.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 133

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Achyut B. Kamat

Mailing Address 555 S Main St Apt 215

City

Providence

State

RI

Zip Code

02903-4353

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United Emergency Med

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 2 / 2 0 0 9

Transaction ID: SA11AI.71420

Amount of Each Receipt this Period

25.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Daniel M. Karlan

Mailing Address 97 Manhattan Ave

City

Waldwick

State

NJ

Zip Code

07463-2228

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self employed

Occupation  
Author

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 2 6 / 2 0 0 9

Transaction ID: SA11AI.71428

Amount of Each Receipt this Period

100.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Greg John Kerkow

Mailing Address PO Box 642

City

Shakopee

State

MN

Zip Code

55379-0642

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation  
Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.71453

Amount of Each Receipt this Period

50.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

175.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 133

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Brian Kiernan

Mailing Address 435 Carpenters Cove Ln

City

Downingtown

State

PA

Zip Code

19335-4541

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Interdigital Comm Corp

Occupation

Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	0	1	/	2	0	0	9

Transaction ID: SA11AI.71465

Amount of Each Receipt this Period

50.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

John Kirscher

Mailing Address 705 Gregory Ave

City

Wilmette

State

IL

Zip Code

60091-3305

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	8	/	2	0	0	9

Transaction ID: SA11AI.71489

Amount of Each Receipt this Period

250.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Rebecca A. Kurk

Mailing Address 6429 City West Pkwy  
Apt 4306

City

Eden Prairie

State

MN

Zip Code

55344-3282

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	0	1	/	2	0	0	9

Transaction ID: SA11AI.71553

Amount of Each Receipt this Period

30.00

Contribution

SUBTOTAL of Receipts This Page (optional) .....

330.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 133

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Bruce K. Lagasse

Mailing Address 1029 Ringneck Way

City

Sparks

State

NV

Zip Code

89441-7815

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.71565

Amount of Each Receipt this Period

40.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Ben Lake

Mailing Address 7601 Churchill Way Apt 1729

City

Dallas

State

TX

Zip Code

75251-1946

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Wieck Media

Occupation  
Web Developer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.71566

Amount of Each Receipt this Period

100.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Jonathan Lee

Mailing Address 1103 Saint John Ave

City

Dyersburg

State

TN

Zip Code

38024-3370

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Nucor Steel-AR

Occupation  
Electrician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.71606

Amount of Each Receipt this Period

50.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

190.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 133

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Southard Lippincott

Mailing Address 74 Tyler Ter

City

Newton Center

State

MA

Zip Code

02459-1814

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.71653

Amount of Each Receipt this Period

50.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Kenneth L. Locher

Mailing Address 141 Lois Ln

City

Vallejo

State

CA

Zip Code

94590-3556

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
KL Locher Inc.

Occupation  
Retail Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.71659

Amount of Each Receipt this Period

60.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Raymond C. Loughlin

Mailing Address 6 Wilkens Dr  
Ste 207

City

Plainville

State

MA

Zip Code

02762-5019

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Alliance Electric, Inc.

Occupation  
Contractor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 2 6 / 2 0 0 9

Transaction ID: SA11AI.71681

Amount of Each Receipt this Period

50.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

160.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 133

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

John Lucas

Mailing Address 206 Jefferson Dr

City

Smithfield

State

VA

Zip Code

23430-1414

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United States Army Nation-  
al Guard

Occupation

Military Police

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 2 9 / 2 0 0 9

Transaction ID: SA11AI.71685

Amount of Each Receipt this Period

500.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Vaughan T. Lund

Mailing Address 1503 Brook Valley Ln NE

City

Atlanta

State

GA

Zip Code

30324-3212

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cooperative Technologies

Occupation

Mgt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.71693

Amount of Each Receipt this Period

50.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Kevin J. Lynch

Mailing Address PO Box 711

City

Algona

State

IA

Zip Code

50511-0711

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.71700

Amount of Each Receipt this Period

50.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

600.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 133

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Roland W. Maddrey

Mailing Address 732 N Main St

City

Mooreville

State

NC

Zip Code

28115-2314

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.71717

Amount of Each Receipt this Period

50.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Leonard Martina

Mailing Address 421 Livingston Dr

City

Charlotte

State

NC

Zip Code

28211-4637

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.71745

Amount of Each Receipt this Period

85.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

David R. Mason

Mailing Address 2234 E Crosby Rd

City

Carrollton

State

TX

Zip Code

75006-7744

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Verizon Wireless

Occupation

Telecom Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.71748

Amount of Each Receipt this Period

200.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

335.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 133

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Thomas P. Mathers

Mailing Address 5626 Ruatan St

City

Berwyn Heights

State

MD

Zip Code

20740-4312

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NCBFAA Inc.

Occupation  
Dircomm

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.71755

Amount of Each Receipt this Period

50.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Alicia Mattson

Mailing Address 978 River Bend Dr

City

Cookeville

State

TN

Zip Code

38506-5972

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Computer Corp.

Occupation  
Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.71760

Amount of Each Receipt this Period

20.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Michael J. McClung

Mailing Address PO Box 463

City

Blackwell

State

OK

Zip Code

74631-0463

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Werner Enterprises

Occupation  
Truck Driver

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

372.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 8 / 2 0 0 9

Transaction ID: SA11AI.71785

Amount of Each Receipt this Period

86.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

156.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 133

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Raymond McGee

Mailing Address 1718 E Gadsden St

City

Pensacola

State

FL

Zip Code

32501-4329

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Freelance

Occupation

Copywriter

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.71809

Amount of Each Receipt this Period

15.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Douglas R. McKissack

Mailing Address 7 Bitterroot Ln

City

Savannah

State

GA

Zip Code

31419-9507

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Gulfstream Aerospace

Occupation

Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 2 / 2 0 0 9

Transaction ID: SA11AI.71816

Amount of Each Receipt this Period

30.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Michael S. McLane

Mailing Address 215 Hancock Ln

City

Athens

State

GA

Zip Code

30605-4741

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.71817

Amount of Each Receipt this Period

50.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

95.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 133

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Gregory A. Meckling

Mailing Address 19115 14th Ct NW

City

Shoreline

State

WA

Zip Code

98177-2756

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Turner Construction

Occupation  
Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.71837

Amount of Each Receipt this Period

50.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Louis Misko

Mailing Address 4317 Argos Dr

City

San Diego

State

CA

Zip Code

92116-2329

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
US Navy

Occupation  
Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.71888

Amount of Each Receipt this Period

100.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Stephen W. Modzelewski

Mailing Address 1578 River Rd

City

New Hope

State

PA

Zip Code

18938-9267

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
The Watermark Group

Occupation  
Computer Programmer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.71891

Amount of Each Receipt this Period

100.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 133

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Robert Moore

Mailing Address 398 Plains Rd

City

Lisbon

State

NH

Zip Code

03585-6923

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Solid Earth, Inc.

Occupation  
Geographer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

282.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.71919

Amount of Each Receipt this Period

47.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Ronald G. Moore

Mailing Address 208 E 13th St Apt 3F

City

New York

State

NY

Zip Code

10003-5604

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Marketing Technologies Group

Occupation  
Computer Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.71920

Amount of Each Receipt this Period

50.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Chuck Moulton

Mailing Address 4220 Hunt Club Cir Apt 811

City

Fairfax

State

VA

Zip Code

22033-4040

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Villanova Law School

Occupation  
Student

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.71939

Amount of Each Receipt this Period

100.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

197.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 / 133

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Cynthia L. Myers

Mailing Address 111 Elmwood Ave

City

Narberth

State

PA

Zip Code

19072-2409

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Paul, Reich & Myers, P.C.

Occupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.71963

Amount of Each Receipt this Period

200.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Ed Nagel

Mailing Address PO Box 2823

City

Santa Fe

State

NM

Zip Code

87504-2823

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Santa Fe Community School

Occupation  
Educator, Writer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 2 6 / 2 0 0 9

Transaction ID: SA11AI.71967

Amount of Each Receipt this Period

50.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Kathleen Neff

Mailing Address 5725 SW 13th St

City

Topeka

State

KS

Zip Code

66604-2226

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Business Owner, Self-Employed

Occupation  
Lawyer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 2 2 / 2 0 0 9

Transaction ID: SA11AI.71982

Amount of Each Receipt this Period

35.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

285.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 / 133

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Byron K. Nichols

Mailing Address 9000 Holly Street

City

Kansas City

State

MO

Zip Code

64114-3528

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
US Gov't

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.72001

Amount of Each Receipt this Period

30.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Bill Olinger

Mailing Address 18 Imperial PI Unit 5G

City

Providence

State

RI

Zip Code

02903-4643

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.72038

Amount of Each Receipt this Period

50.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Jeffery A. Orrok

Mailing Address 161 Del Mar Cir

City

Aurora

State

CO

Zip Code

80011-8220

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Web Hosting & Design

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.72049

Amount of Each Receipt this Period

85.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

165.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 / 133

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Steven R. Osborne

Mailing Address 412 River Oaks Dr

City  
Luling

State  
LA

Zip Code  
70070-2144

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
The Dow Chemical Company

Occupation  
Chemical Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.72057

Amount of Each Receipt this Period

50.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Michele R. Poague

Mailing Address 21079 E Mineral Dr

City  
Aurora

State  
CO

Zip Code  
80016-1927

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Bavaria Inn

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.72163

Amount of Each Receipt this Period

75.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Pamela P. Potter

Mailing Address 538 Spring Place Rd NE

City  
White

State  
GA

Zip Code  
30184-2232

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.72177

Amount of Each Receipt this Period

500.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

625.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 / 133

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**LIBERTARIAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**Earl Prochaska**

Mailing Address **8 Lauretta Dr**

City State Zip Code  
**Highland NY 12528-1006**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**Retired**

Occupation  
**Retired**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**390.00**

Date of Receipt

**05 / 26 / 2009**

Transaction ID: SA11AI.72198

Amount of Each Receipt this Period

**60.00**

Contribution

**B.**

Full Name (Last, First, Middle Initial)  
**Nick Rajnovic**

Mailing Address **8976 33rd Ave**

City State Zip Code  
**Kenosha WI 53142-5410**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**Deltrol Controls**

Occupation  
**Electrical Engineer**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**240.00**

Date of Receipt

**05 / 01 / 2009**

Transaction ID: SA11AI.72212

Amount of Each Receipt this Period

**60.00**

Contribution

**C.**

Full Name (Last, First, Middle Initial)  
**Duane Ramm**

Mailing Address **PO Box 35**

City State Zip Code  
**Covesville VA 22931-0035**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**Retired**

Occupation  
**Retired**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**300.00**

Date of Receipt

**05 / 15 / 2009**

Transaction ID: SA11AI.72213

Amount of Each Receipt this Period

**100.00**

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

**220.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 39 / 133

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**LIBERTARIAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

William B. Redpath

Mailing Address 827 Anthony Ct SE

City

Leesburg

State

VA

Zip Code

20175-5629

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
BIA Financial Network, In-  
c.

Occupation

Financial Analyst

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

516.70

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 2 6 / 2 0 0 9

Transaction ID: SA11AI.72235

Amount of Each Receipt this Period

83.34

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Susan S. Ruch

Mailing Address 5 Cuesta Ln

City

Santa Fe

State

NM

Zip Code

87508-8331

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation

Ranching, Real Estate Investments

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.72328

Amount of Each Receipt this Period

100.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Mary Ruwart

Mailing Address 109 Latigo Dr

City

Burnet

State

TX

Zip Code

78611-5921

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self Employed

Occupation

Educator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.72344

Amount of Each Receipt this Period

25.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

208.34

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 40 / 133

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

John A. Salvette

Mailing Address 2016 Devonshire Rd

City

Ann Arbor

State

MI

Zip Code

48104-4058

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hayes Lemmerz Internatio-  
nal

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 0 / 2 0 0 9

Transaction ID: SA11AI.72354

Amount of Each Receipt this Period

50.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

John Sauter

Mailing Address 9 Elizabeth Dr # 920514

City

Merrimack

State

NH

Zip Code

03054-4576

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Town of Hudson

Occupation

Computer Operator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 1 / 2 0 0 9

Transaction ID: SA11AI.72364

Amount of Each Receipt this Period

250.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Steven Schoch

Mailing Address 974 Bluebonnet Dr

City

Sunnyvale

State

CA

Zip Code

94086-6756

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
StarNet Communications Co-  
rp

Occupation

Software Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.72395

Amount of Each Receipt this Period

45.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

345.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 41 / 133

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Thomas J. Shepard

Mailing Address 3378 Black Willow Trl

City

Deland

State

FL

Zip Code

32724-3431

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 6 / 2 0 0 9

Transaction ID: SA11AI.72462

Amount of Each Receipt this Period

50.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Robert Shuford

Mailing Address 6 Whartons Way

City

Hampton

State

VA

Zip Code

23669-1094

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Old Point National Bank

Occupation

Information Systems banki

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.72472

Amount of Each Receipt this Period

85.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Robban A. Sica

Mailing Address 37 Lakewood Dr

City

Trumbull

State

CT

Zip Code

06611-2446

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Center for the Healing Ar-  
t, PC

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.72478

Amount of Each Receipt this Period

100.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

235.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 42 / 133

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Lloyd E. Smith

Mailing Address 21 Franklin Ave

City

Oswego

State

NY

Zip Code

13126-1755

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HYCO Tunnel & Sewer Co.

Occupation

Land Speculator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 6 / 2 0 0 9

Transaction ID: SA11AI.72521

Amount of Each Receipt this Period

100.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Clifford B. Sondock

Mailing Address 6 Crane Rd

City

Huntington

State

NY

Zip Code

11743-1733

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Spiegel Assoc.

Occupation

Real Estate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.72537

Amount of Each Receipt this Period

100.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Scott Spencer

Mailing Address 3715 Yolando Rd

City

Baltimore

State

MD

Zip Code

21218-2042

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Johns Hopkins University

Occupation

Programmer/Analyst

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.72550

Amount of Each Receipt this Period

85.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

285.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 / 133

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Aaron Starr

Mailing Address 4048 Tucson St

City

Simi Valley

State

CA

Zip Code

93063-1144

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Haas Automation, Inc.

Occupation  
Controller

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.72572

Amount of Each Receipt this Period

10.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

John S. Stewart

Mailing Address 855 Bryn Mawr Dr

City

Columbus

State

OH

Zip Code

43230-3840

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TranInternational

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.72601

Amount of Each Receipt this Period

45.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Scott A. Stewart

Mailing Address 8401 E Appomattox St

City

Tucson

State

AZ

Zip Code

85710-2922

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Raytheon

Occupation  
Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.72604

Amount of Each Receipt this Period

75.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

130.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 44 / 133

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Timothy J. Swenson

Mailing Address 210 Vine St  
PO Box 146

City State Zip Code  
 Arnegard ND 58835-0146

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Wilmington Lutheran Church

Occupation  
Pastor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.72655

Amount of Each Receipt this Period

50.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Randy Szabla

Mailing Address 32034 W 13 Mile Rd

City State Zip Code  
 Farmington Hills MI 48334-2000

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Wayne State University

Occupation  
Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 2 6 / 2 0 0 9

Transaction ID: SA11AI.72657

Amount of Each Receipt this Period

50.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

John M. Taylor, MD

Mailing Address 1 Scenic Dr Unit 1110

City State Zip Code  
 Highlands NJ 07732-1321

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
The Samra Group

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.72680

Amount of Each Receipt this Period

85.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

185.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 45 / 133

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**LIBERTARIAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)

Charles D. Test

Mailing Address 2710 2nd Ave S

City

Minneapolis

State

MN

Zip Code

55408-1710

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Landlord

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.72691

Amount of Each Receipt this Period

100.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

John Thompson

Mailing Address 9308 Russell Ave S

City

Minneapolis

State

MN

Zip Code

55431-2430

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Agene Systems

Occupation  
Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.72696

Amount of Each Receipt this Period

50.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Charles Tolman

Mailing Address 7918 Cowan Ave

City

Los Angeles

State

CA

Zip Code

90045-1139

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Treyarch Corp.

Occupation  
Technical Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.72718

Amount of Each Receipt this Period

100.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 46 / 133

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Catherine G. Tripp

Mailing Address 89 Martha Ave

City

San Francisco

State

CA

Zip Code

94131-2849

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FiQuest, Inc.

Occupation

Mortgage Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.72727

Amount of Each Receipt this Period

50.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Frank C. Ullman

Mailing Address 1 Toms Point Ln Apt 2C

City

Port Washington

State

NY

Zip Code

11050-2128

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cedar shopping centers INC

Occupation

Real Estate Developer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 4 / 2 0 0 9

Transaction ID: SA11AI.72754

Amount of Each Receipt this Period

250.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Kevin Utz

Mailing Address PO Box 118724

City

Carrollton

State

TX

Zip Code

75011-8724

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MCKESSON

Occupation

FINANCIAL ANALYST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 2 2 / 2 0 0 9

Transaction ID: SA11AI.72759

Amount of Each Receipt this Period

500.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

800.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 47 / 133

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Margaret Varble

Mailing Address 5974 Canon Ct

City

Ventura

State

CA

Zip Code

93003-1104

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 3 / 2 0 0 9

Transaction ID: SA11AI.72774

Amount of Each Receipt this Period

500.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Arch Wakefield

Mailing Address 3047 Point Clear Dr

City

Tega Cay

State

SC

Zip Code

29708-8542

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.72820

Amount of Each Receipt this Period

75.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Jeffrey J. Weston

Mailing Address 1255 NW 9th Ave Apt 301

City

Portland

State

OR

Zip Code

97209-2887

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Eleven Wireless

Occupation

SW Developer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.72891

Amount of Each Receipt this Period

100.00

Contribution

SUBTOTAL of Receipts This Page (optional) .....

675.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 48 / 133

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

George R. Whitfield

Mailing Address 45107 Tarney Wood Dr

City

Portsmouth

State

VA

Zip Code

23703-0000

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Halcyon Search Internatio-  
nal

Occupation

Executive Search Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1079.29

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.72902

Amount of Each Receipt this Period

100.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

George R. Whitfield

Mailing Address 45107 Tarney Wood Dr

City

Portsmouth

State

VA

Zip Code

23703-0000

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Halcyon Search Internatio-  
nal

Occupation

Executive Search Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1096.97

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 1 / 2 0 0 9

Transaction ID: SA11AI.72903

Amount of Each Receipt this Period

17.68

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Charles W. Wilson

Mailing Address PO Box 454

City

Red Oak

State

IA

Zip Code

51566-0454

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.72934

Amount of Each Receipt this Period

50.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

167.68

**TOTAL** This Period (last page this line number only) .....

12264.02



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 49 / 133

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Advanced Mailing Services, LLC

Mailing Address 14970 Farm Creek Drive

City Woodbridge State VA Zip Code 22191-3550

Purpose of Disbursement  
Non Candidate Party Mailing Serv

Candidate Name

003  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.73143

Date of Disbursement

05 / 07 / 2009

Amount of Each Disbursement this Period

1467.86

**B.** Full Name (Last, First, Middle Initial)  
Advanced Mailing Services, LLC

Mailing Address 14970 Farm Creek Drive

City Woodbridge State VA Zip Code 22191-3550

Purpose of Disbursement  
Non Candidate Party Mailing Serv

Candidate Name

003  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.73145

Date of Disbursement

05 / 14 / 2009

Amount of Each Disbursement this Period

2109.07

**C.** Full Name (Last, First, Middle Initial)  
Advanced Mailing Services, LLC

Mailing Address 14970 Farm Creek Drive

City Woodbridge State VA Zip Code 22191-3550

Purpose of Disbursement  
Non Candidate Party Mailing Serv

Candidate Name

003  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.73059

Date of Disbursement

05 / 22 / 2009

Amount of Each Disbursement this Period

2213.98

**SUBTOTAL** of Disbursements This Page (optional) .....

5790.91

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 51 / 133

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
LIBERTARIAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
American National Insurance Co.

Mailing Address Attn: Lea Pollack  
P. O. Box 1830 - Pension Dept.

City Galvison State TX Zip Code 77550-1830

Purpose of Disbursement  
LP 401k Co. Match & Employee Contributions

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.73122

Date of Disbursement

05 / 31 / 2009

Amount of Each Disbursement this Period

1225.17

**B.**

Full Name (Last, First, Middle Initial)  
Arcade Press

Mailing Address 5436 Harford Rd.

City Baltimore State MD Zip Code 21214-2292

Purpose of Disbursement  
Non Candidate Party Printing Serv

Candidate Name

003  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.73159

Date of Disbursement

05 / 14 / 2009

Amount of Each Disbursement this Period

615.00

**C.**

Full Name (Last, First, Middle Initial)  
B & B Duplicators

Mailing Address 818 18th Street NW LL15

City Washington State DC Zip Code 20006-0000

Purpose of Disbursement  
Non Candidate Party Printing Serv

Candidate Name

003  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.73147

Date of Disbursement

05 / 14 / 2009

Amount of Each Disbursement this Period

380.70

**SUBTOTAL** of Disbursements This Page (optional) .....

2220.87

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 53 / 133

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
LIBERTARIAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) B & B Duplicators	<b>Transaction ID:</b> SB21B.73063																				
B & B Duplicators	Date of Disbursement																				
Mailing Address 818 18th Street NW LL15	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		2	8		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		2	8		2	0	0	9												
City Washington State DC Zip Code 20006-0000	Amount of Each Disbursement this Period																				
Purpose of Disbursement Non Candidate Party Printing Serv	<table border="1"> <tr> <td>380.70</td> </tr> </table>	380.70																			
380.70																					
Candidate Name	<table border="1"> <tr> <td>003</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	003	Category/ Type																		
003																					
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) B. A. C. & Assc., Inc.	<b>Transaction ID:</b> SB21B.73064																				
B. A. C. & Assc., Inc.	Date of Disbursement																				
Mailing Address 5801 E. Clinton Ave	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	4		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		1	4		2	0	0	9												
City Fresno State CA Zip Code 93727-0000	Amount of Each Disbursement this Period																				
Purpose of Disbursement Non Candidate Party Printing Serv	<table border="1"> <tr> <td>218.33</td> </tr> </table>	218.33																			
218.33																					
Candidate Name	<table border="1"> <tr> <td>001</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	001	Category/ Type																		
001																					
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) BentleyForbes Watergate LLC	<b>Transaction ID:</b> SB21B.73066																				
BentleyForbes Watergate LLC	Date of Disbursement																				
Mailing Address PO Box 73378	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		0	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		0	1		2	0	0	9												
City Cleveland State OH Zip Code 44193-3378	Amount of Each Disbursement this Period																				
Purpose of Disbursement Office Rent, Tax, Maint & Utilities	<table border="1"> <tr> <td>10928.89</td> </tr> </table>	10928.89																			
10928.89																					
Candidate Name	<table border="1"> <tr> <td>001</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	001	Category/ Type																		
001																					
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**11527.92**

**TOTAL** This Period (last page this line number only) .....



Form/Schedule : **SB21B**

1

Transaction ID : **SB21B.73066**

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 56 / 133

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
LIBERTARIAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

BentleyForbes Watergate LLC

Mailing Address PO Box 73378

City  
Cleveland

State  
OH

Zip Code  
44193-3378

Purpose of Disbursement  
Prior Year Retroactive Office Maint & Utilities

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.73065

Date of Disbursement

05 / 14 / 2009

Amount of Each Disbursement this Period

3976.75

B.

Full Name (Last, First, Middle Initial)

Louise Calise

Mailing Address 6802 Dante Ct

City  
Springfield

State  
VA

Zip Code  
22152-3328

Purpose of Disbursement  
Employee Net Pay

Candidate Name

002

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.73041

Date of Disbursement

05 / 13 / 2009

Amount of Each Disbursement this Period

1345.73

C.

Full Name (Last, First, Middle Initial)

Louise Calise

Mailing Address 6802 Dante Ct

City  
Springfield

State  
VA

Zip Code  
22152-3328

Purpose of Disbursement  
Employee Net Pay

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.73042

Date of Disbursement

05 / 27 / 2009

Amount of Each Disbursement this Period

1373.73

SUBTOTAL of Disbursements This Page (optional) .....

6696.21

TOTAL This Period (last page this line number only) .....



Form/Schedule : **SB21B** 1□  
Transaction ID : **SB21B.73065**

Form/Schedule : **SB21B** 1□  
Transaction ID : **SB21B.73041**



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 59 / 133

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Carefirst CapitalCare (Robert)

Mailing Address PO Box 79749

City  
Baltimore

State  
MD

Zip Code  
21279-0749

Purpose of Disbursement  
Employee Health Insurance

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.73067

Date of Disbursement

05 / 22 / 2009

Amount of Each Disbursement this Period

112.00

B.

Full Name (Last, First, Middle Initial)

Christy Carmody

Mailing Address 1751 Camarillo Drive

City  
N. Las Vegas

State  
NV

Zip Code  
89031-0000

Purpose of Disbursement  
Non Candidate Party Editing and Graphics

Candidate Name

003

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.73149

Date of Disbursement

05 / 07 / 2009

Amount of Each Disbursement this Period

525.00

C.

Full Name (Last, First, Middle Initial)

Carmody, Christy

Mailing Address 1751 Camarillo Drive

City  
N. Las Vegas

State  
NV

Zip Code  
89031-0000

Purpose of Disbursement  
Non Candidate Party Editing and Graphics

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.73069

Date of Disbursement

05 / 28 / 2009

Amount of Each Disbursement this Period

400.00

SUBTOTAL of Disbursements This Page (optional) .....

1037.00

TOTAL This Period (last page this line number only) .....

Form/Schedule : **SB21B**  
Transaction ID : **SB21B.73067**

1

Form/Schedule : **SB21B**  
Transaction ID : **SB21B.73069**

3

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 61 / 133

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Bruce Cohen

Mailing Address 61560 El Coyote Lane, #12-16

City Joshua Tree State CA Zip Code 92252-0000

Purpose of Disbursement  
Telemarketing Consulting Services

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B.73035

Date of Disbursement

05 / 07 / 2009

Amount of Each Disbursement this Period

473.75

**B.**

Full Name (Last, First, Middle Initial)

Bruce Cohen

Mailing Address 61560 El Coyote Lane, #12-16

City Joshua Tree State CA Zip Code 92252-0000

Purpose of Disbursement  
Telemarketing Consulting Services

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B.73034

Date of Disbursement

05 / 27 / 2009

Amount of Each Disbursement this Period

385.00

**C.**

Full Name (Last, First, Middle Initial)

Commonwealth Digital Office Solutions

Mailing Address 21205 Ridgetop Circle

City Sterling State VA Zip Code 20166-6501

Purpose of Disbursement  
Copier Maint and Supplies

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B.73151

Date of Disbursement

05 / 07 / 2009

Amount of Each Disbursement this Period

197.67

**SUBTOTAL** of Disbursements This Page (optional) .....

1056.42

**TOTAL** This Period (last page this line number only) .....

Form/Schedule : **SB21B** 3□  
Transaction ID : **SB21B.73035**

Form/Schedule : **SB21B** 3□  
Transaction ID : **SB21B.73034**

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 63 / 133

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
LIBERTARIAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)  
Commonwealth Digital Office Solutions

Mailing Address 21205 Ridgetop Circle

City State Zip Code  
Sterling VA 20166-6501

Purpose of Disbursement  
Copier Maint and Suppies

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼  
State: District:

Transaction ID: SB21B.73152

Date of Disbursement

05 / 14 / 2009

Amount of Each Disbursement this Period

133.02

B. Full Name (Last, First, Middle Initial)  
Craft Agency, Inc.

Mailing Address PO Box 1187  
2533 Spring Aarbor Rd.

City State Zip Code  
Jackson MI 49204-1187

Purpose of Disbursement  
D and O Insurance Deposit

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼  
State: District:

Transaction ID: SB21B.73074

Date of Disbursement

05 / 07 / 2009

Amount of Each Disbursement this Period

2370.75

C. Full Name (Last, First, Middle Initial)  
Andrew Davis

Mailing Address 9490 Virginia Center Blvd. #131

City State Zip Code  
Vienna VA 22181-0000

Purpose of Disbursement  
LP News Writing for Non Candidate Mailing

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼  
State: District:

Transaction ID: SB21B.73037

Date of Disbursement

05 / 27 / 2009

Amount of Each Disbursement this Period

2148.00

SUBTOTAL of Disbursements This Page (optional) .....

4651.77

TOTAL This Period (last page this line number only) .....





# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 65 / 133

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
LIBERTARIAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) DC Office of Tax & Revenue	<b>Transaction ID:</b> SB21B.73112 <b>Date of Disbursement</b>																				
Mailing Address 941 North Capitol St, NE 6th Flr	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	2		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		1	2		2	0	0	9												
<table border="1"> <tr> <td>City Washington</td> <td>State DC</td> <td>Zip Code 20002-0000</td> </tr> <tr> <td colspan="2">Purpose of Disbursement DC - Admin. Funding Assessment</td> <td rowspan="2"> <div>001</div>           Category/ Type         </td> </tr> <tr> <td colspan="2">Candidate Name</td> </tr> </table>	City Washington	State DC	Zip Code 20002-0000	Purpose of Disbursement DC - Admin. Funding Assessment		<div>001</div> Category/ Type	Candidate Name		<b>Amount of Each Disbursement this Period</b> <div>0.90</div>												
City Washington	State DC	Zip Code 20002-0000																			
Purpose of Disbursement DC - Admin. Funding Assessment		<div>001</div> Category/ Type																			
Candidate Name																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) DC Office of Tax & Revenue	<b>Transaction ID:</b> SB21B.73114 <b>Date of Disbursement</b>																				
Mailing Address 941 North Capitol St, NE 6th Flr	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	2		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		1	2		2	0	0	9												
<table border="1"> <tr> <td>City Washington</td> <td>State DC</td> <td>Zip Code 20002-0000</td> </tr> <tr> <td colspan="2">Purpose of Disbursement DC - Unemployment Company</td> <td rowspan="2"> <div>001</div>           Category/ Type         </td> </tr> <tr> <td colspan="2">Candidate Name</td> </tr> </table>	City Washington	State DC	Zip Code 20002-0000	Purpose of Disbursement DC - Unemployment Company		<div>001</div> Category/ Type	Candidate Name		<b>Amount of Each Disbursement this Period</b> <div>5.85</div>												
City Washington	State DC	Zip Code 20002-0000																			
Purpose of Disbursement DC - Unemployment Company		<div>001</div> Category/ Type																			
Candidate Name																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) DC Office of Tax & Revenue	<b>Transaction ID:</b> SB21B.73116 <b>Date of Disbursement</b>																				
Mailing Address 941 North Capitol St, NE 6th Flr	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	2		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		1	2		2	0	0	9												
<table border="1"> <tr> <td>City Washington</td> <td>State DC</td> <td>Zip Code 20002-0000</td> </tr> <tr> <td colspan="2">Purpose of Disbursement DC - Withholding</td> <td rowspan="2"> <div>001</div>           Category/ Type         </td> </tr> <tr> <td colspan="2">Candidate Name</td> </tr> </table>	City Washington	State DC	Zip Code 20002-0000	Purpose of Disbursement DC - Withholding		<div>001</div> Category/ Type	Candidate Name		<b>Amount of Each Disbursement this Period</b> <div>56.00</div>												
City Washington	State DC	Zip Code 20002-0000																			
Purpose of Disbursement DC - Withholding		<div>001</div> Category/ Type																			
Candidate Name																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**62.75**

**TOTAL** This Period (last page this line number only) .....

Form/Schedule : **SB21B** 1□  
Transaction ID : **SB21B.73112**

Form/Schedule : **SB21B** 1□  
Transaction ID : **SB21B.73114**

Form/Schedule : **SB21B**

1

Transaction ID : **SB21B.73116**

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 68 / 133

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
LIBERTARIAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) DC Office of Tax & Revenue	<b>Transaction ID:</b> SB21B.73113 <b>Date of Disbursement</b>																				
Mailing Address 941 North Capitol St, NE 6th Flr	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		2	6		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		2	6		2	0	0	9												
<table border="1"> <tr> <td>City Washington</td> <td>State DC</td> <td>Zip Code 20002-0000</td> </tr> <tr> <td colspan="2">Purpose of Disbursement DC - Admin. Funding Assessment</td> <td rowspan="2"> <div>001</div>           Category/ Type         </td> </tr> <tr> <td colspan="2">Candidate Name</td> </tr> </table>	City Washington	State DC	Zip Code 20002-0000	Purpose of Disbursement DC - Admin. Funding Assessment		<div>001</div> Category/ Type	Candidate Name		<b>Amount of Each Disbursement this Period</b> <div>1.38</div>												
City Washington	State DC	Zip Code 20002-0000																			
Purpose of Disbursement DC - Admin. Funding Assessment		<div>001</div> Category/ Type																			
Candidate Name																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) DC Office of Tax & Revenue	<b>Transaction ID:</b> SB21B.73115 <b>Date of Disbursement</b>																				
Mailing Address 941 North Capitol St, NE 6th Flr	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		2	6		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		2	6		2	0	0	9												
<table border="1"> <tr> <td>City Washington</td> <td>State DC</td> <td>Zip Code 20002-0000</td> </tr> <tr> <td colspan="2">Purpose of Disbursement DC - Unemployment Company</td> <td rowspan="2"> <div>001</div>           Category/ Type         </td> </tr> <tr> <td colspan="2">Candidate Name</td> </tr> </table>	City Washington	State DC	Zip Code 20002-0000	Purpose of Disbursement DC - Unemployment Company		<div>001</div> Category/ Type	Candidate Name		<b>Amount of Each Disbursement this Period</b> <div>8.92</div>												
City Washington	State DC	Zip Code 20002-0000																			
Purpose of Disbursement DC - Unemployment Company		<div>001</div> Category/ Type																			
Candidate Name																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) DC Office of Tax & Revenue	<b>Transaction ID:</b> SB21B.73117 <b>Date of Disbursement</b>																				
Mailing Address 941 North Capitol St, NE 6th Flr	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		2	6		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		2	6		2	0	0	9												
<table border="1"> <tr> <td>City Washington</td> <td>State DC</td> <td>Zip Code 20002-0000</td> </tr> <tr> <td colspan="2">Purpose of Disbursement DC - Withholding</td> <td rowspan="2"> <div>001</div>           Category/ Type         </td> </tr> <tr> <td colspan="2">Candidate Name</td> </tr> </table>	City Washington	State DC	Zip Code 20002-0000	Purpose of Disbursement DC - Withholding		<div>001</div> Category/ Type	Candidate Name		<b>Amount of Each Disbursement this Period</b> <div>56.00</div>												
City Washington	State DC	Zip Code 20002-0000																			
Purpose of Disbursement DC - Withholding		<div>001</div> Category/ Type																			
Candidate Name																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**66.30**

**TOTAL** This Period (last page this line number only) .....

Form/Schedule : **SB21B** 1□  
Transaction ID : **SB21B.73113**

Form/Schedule : **SB21B** 1□  
Transaction ID : **SB21B.73115**



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 71 / 133

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
LIBERTARIAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) De Lage Landen Financial	<b>Transaction ID:</b> SB21B.73075 <b>Date of Disbursement</b>																				
Mailing Address PO Box 41601	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	4		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		1	4		2	0	0	9												
<table border="1"> <tr> <td>City Philadelphia</td> <td>State PA</td> <td>Zip Code 19101-1601</td> </tr> <tr> <td colspan="2">Purpose of Disbursement Copier Lease</td> <td rowspan="2"> <div>001</div>           Category/ Type         </td> </tr> <tr> <td colspan="2">Candidate Name</td> </tr> </table>	City Philadelphia	State PA	Zip Code 19101-1601	Purpose of Disbursement Copier Lease		<div>001</div> Category/ Type	Candidate Name		<b>Amount of Each Disbursement this Period</b> <div>498.88</div>												
City Philadelphia	State PA	Zip Code 19101-1601																			
Purpose of Disbursement Copier Lease		<div>001</div> Category/ Type																			
Candidate Name																					
<table border="1"> <tr> <td>Office Sought:</td> <td> <input type="checkbox"/> House  <input type="checkbox"/> Senate  <input type="checkbox"/> President         </td> <td>           Disbursement For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </td> </tr> <tr> <td>State:</td> <td>District:</td> <td></td> </tr> </table>	Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State:	District:																
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
State:	District:																				
<b>B.</b> Full Name (Last, First, Middle Initial) Susan M Dickson	<b>Transaction ID:</b> SB21B.73043 <b>Date of Disbursement</b>																				
Mailing Address 3410 Vineland Place	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	3		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		1	3		2	0	0	9												
<table border="1"> <tr> <td>City Dumfries</td> <td>State VA</td> <td>Zip Code 22026-0000</td> </tr> <tr> <td colspan="2">Purpose of Disbursement Employee Net Pay</td> <td rowspan="2"> <div>001</div>           Category/ Type         </td> </tr> <tr> <td colspan="2">Candidate Name</td> </tr> </table>	City Dumfries	State VA	Zip Code 22026-0000	Purpose of Disbursement Employee Net Pay		<div>001</div> Category/ Type	Candidate Name		<b>Amount of Each Disbursement this Period</b> <div>995.79</div>												
City Dumfries	State VA	Zip Code 22026-0000																			
Purpose of Disbursement Employee Net Pay		<div>001</div> Category/ Type																			
Candidate Name																					
<table border="1"> <tr> <td>Office Sought:</td> <td> <input type="checkbox"/> House  <input type="checkbox"/> Senate  <input type="checkbox"/> President         </td> <td>           Disbursement For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </td> </tr> <tr> <td>State:</td> <td>District:</td> <td></td> </tr> </table>	Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State:	District:																
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
State:	District:																				
<b>C.</b> Full Name (Last, First, Middle Initial) Susan M Dickson	<b>Transaction ID:</b> SB21B.73044 <b>Date of Disbursement</b>																				
Mailing Address 3410 Vineland Place	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		2	7		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		2	7		2	0	0	9												
<table border="1"> <tr> <td>City Dumfries</td> <td>State VA</td> <td>Zip Code 22026-0000</td> </tr> <tr> <td colspan="2">Purpose of Disbursement Employee Net Pay</td> <td rowspan="2"> <div>001</div>           Category/ Type         </td> </tr> <tr> <td colspan="2">Candidate Name</td> </tr> </table>	City Dumfries	State VA	Zip Code 22026-0000	Purpose of Disbursement Employee Net Pay		<div>001</div> Category/ Type	Candidate Name		<b>Amount of Each Disbursement this Period</b> <div>995.79</div>												
City Dumfries	State VA	Zip Code 22026-0000																			
Purpose of Disbursement Employee Net Pay		<div>001</div> Category/ Type																			
Candidate Name																					
<table border="1"> <tr> <td>Office Sought:</td> <td> <input type="checkbox"/> House  <input type="checkbox"/> Senate  <input type="checkbox"/> President         </td> <td>           Disbursement For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </td> </tr> <tr> <td>State:</td> <td>District:</td> <td></td> </tr> </table>	Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State:	District:																
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
State:	District:																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**2490.46**

**TOTAL** This Period (last page this line number only) .....

Form/Schedule : **SB21B**

Transaction ID : **SB21B.73075**

1

Form/Schedule : **SB21B**

Transaction ID : **SB21B.73043**

1



Form/Schedule : **SB21B**

1

Transaction ID : **SB21B.73044**

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 74 / 133

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
LIBERTARIAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) DirectLine Technologies, Inc.	<b>Transaction ID:</b> SB21B.73076 <b>Date of Disbursement</b>																				
Mailing Address 1600 N. Carpenter Rd. #D	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		1	9		2	0	0	9												
City Modesto State CA Zip Code 95351-1145	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Non Candidate Party Telemarketing Serv Candidate Name	<table border="1"> <tr> <td colspan="10">4000.00</td> </tr> </table>	4000.00																			
4000.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) DirectMail.com	<b>Transaction ID:</b> SB21B.73155 <b>Date of Disbursement</b>																				
Mailing Address 5511 Ketch Road Attn: Beverly Kalbaugh	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	4		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		1	4		2	0	0	9												
City Prince Frederick State MD Zip Code 20678-0000	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Non Candidate Party Mailing Serv Candidate Name	<table border="1"> <tr> <td colspan="10">1998.32</td> </tr> </table>	1998.32																			
1998.32																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Paula Edwards	<b>Transaction ID:</b> SB21B.73038 <b>Date of Disbursement</b>																				
Mailing Address 1200 G Street, N.W. Suite 800	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	4		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		1	4		2	0	0	9												
City Washington State DC Zip Code 20005-0000	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Fec Filing and Amendments Candidate Name	<table border="1"> <tr> <td colspan="10">1250.00</td> </tr> </table>	1250.00																			
1250.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**7248.32**

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 76 / 133

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
LIBERTARIAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) Equality Forum	<b>Transaction ID:</b> SB21B.73078 <b>Date of Disbursement</b>																				
Mailing Address 1420 Locust Street, Suite 300	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		0	4		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		0	4		2	0	0	9												
City Philadelphia State PA Zip Code 19102-4202	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Party Outreach Event Expense Candidate Name	<table border="1"> <tr> <td colspan="10">150.00</td> </tr> </table>	150.00																			
150.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Donald E. Ferguson	<b>Transaction ID:</b> SB21B.73045 <b>Date of Disbursement</b>																				
Mailing Address 101 Skyhill Rd. #203	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	3		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		1	3		2	0	0	9												
City Alexandria State VA Zip Code 22314-0000	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Employee Net Pay Candidate Name	<table border="1"> <tr> <td colspan="10">1633.99</td> </tr> </table>	1633.99																			
1633.99																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Donald E. Ferguson	<b>Transaction ID:</b> SB21B.73046 <b>Date of Disbursement</b>																				
Mailing Address 101 Skyhill Rd. #203	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		2	7		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		2	7		2	0	0	9												
City Alexandria State VA Zip Code 22314-0000	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Employee Net Pay Candidate Name	<table border="1"> <tr> <td colspan="10">1347.23</td> </tr> </table>	1347.23																			
1347.23																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**3131.22**

**TOTAL** This Period (last page this line number only) .....



Form/Schedule : **SB21B**

1

Transaction ID : **SB21B.73046**

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 79 / 133

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
LIBERTARIAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) Financial Agent Federal Tax Deposit	<b>Transaction ID:</b> SB21B.73118 <b>Date of Disbursement</b>																				
Mailing Address PO Box 970030	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	2		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		1	2		2	0	0	9												
City State Zip Code St. Louis MO 63197-0030	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Federal Unemployment Candidate Name	<table border="1"> <tr> <td colspan="10">3.60</td> </tr> </table>	3.60																			
3.60																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Financial Agent Federal Tax Deposit	<b>Transaction ID:</b> SB21B.73120 <b>Date of Disbursement</b>																				
Mailing Address PO Box 970030	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	2		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		1	2		2	0	0	9												
City State Zip Code St. Louis MO 63197-0030	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Federal Withholding Candidate Name	<table border="1"> <tr> <td colspan="10">1393.00</td> </tr> </table>	1393.00																			
1393.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Financial Agent Federal Tax Deposit	<b>Transaction ID:</b> SB21B.73123 <b>Date of Disbursement</b>																				
Mailing Address PO Box 970030	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	2		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		1	2		2	0	0	9												
City State Zip Code St. Louis MO 63197-0030	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Medicare Company Candidate Name	<table border="1"> <tr> <td colspan="10">171.36</td> </tr> </table>	171.36																			
171.36																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**1567.96**

**TOTAL** This Period (last page this line number only) .....

Form/Schedule : **SB21B** 1□  
Transaction ID : **SB21B.73118**

Form/Schedule : **SB21B** 1□  
Transaction ID : **SB21B.73120**



Form/Schedule : **SB21B**

1

Transaction ID : **SB21B.73123**

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 82 / 133

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Financial Agent Federal Tax Deposit

Mailing Address PO Box 970030

City State Zip Code  
St. Louis MO 63197-0030

Purpose of Disbursement  
Medicare Employee

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼  
State: District:

Transaction ID: SB21B.73125

Date of Disbursement

05 / 12 / 2009

Amount of Each Disbursement this Period

171.36

**B.** Full Name (Last, First, Middle Initial)  
Financial Agent Federal Tax Deposit

Mailing Address PO Box 970030

City State Zip Code  
St. Louis MO 63197-0030

Purpose of Disbursement  
Social Security Company

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼  
State: District:

Transaction ID: SB21B.73129

Date of Disbursement

05 / 12 / 2009

Amount of Each Disbursement this Period

732.71

**C.** Full Name (Last, First, Middle Initial)  
Financial Agent Federal Tax Deposit

Mailing Address PO Box 970030

City State Zip Code  
St. Louis MO 63197-0030

Purpose of Disbursement  
Social Security Employee

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼  
State: District:

Transaction ID: SB21B.73131

Date of Disbursement

05 / 12 / 2009

Amount of Each Disbursement this Period

732.71

**SUBTOTAL** of Disbursements This Page (optional) .....

1636.78

**TOTAL** This Period (last page this line number only) .....

Form/Schedule : **SB21B** 1□  
Transaction ID : **SB21B.73125**

Form/Schedule : **SB21B** 1□  
Transaction ID : **SB21B.73129**

Form/Schedule : **SB21B**

1

Transaction ID : **SB21B.73131**

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 85 / 133

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
LIBERTARIAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) Financial Agent Federal Tax Deposit	<b>Transaction ID:</b> SB21B.73119 <b>Date of Disbursement</b>																				
Mailing Address PO Box 970030	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>9</td><td></td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		2	6		2	0	9	
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		2	6		2	0	9													
City State Zip Code St. Louis MO 63197-0030	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Federal Unemployment Candidate Name	<table border="1"> <tr> <td colspan="10">5.49</td> </tr> </table>	5.49																			
5.49																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Financial Agent Federal Tax Deposit	<b>Transaction ID:</b> SB21B.73121 <b>Date of Disbursement</b>																				
Mailing Address PO Box 970030	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>9</td><td></td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		2	6		2	0	9	
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		2	6		2	0	9													
City State Zip Code St. Louis MO 63197-0030	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Federal Withholding Candidate Name	<table border="1"> <tr> <td colspan="10">1167.00</td> </tr> </table>	1167.00																			
1167.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Financial Agent Federal Tax Deposit	<b>Transaction ID:</b> SB21B.73124 <b>Date of Disbursement</b>																				
Mailing Address PO Box 970030	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>9</td><td></td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		2	6		2	0	9	
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		2	6		2	0	9													
City State Zip Code St. Louis MO 63197-0030	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Medicare Company Candidate Name	<table border="1"> <tr> <td colspan="10">160.29</td> </tr> </table>	160.29																			
160.29																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

1332.78

**TOTAL** This Period (last page this line number only) .....

Form/Schedule : **SB21B** 1□  
Transaction ID : **SB21B.73119**

Form/Schedule : **SB21B** 1□  
Transaction ID : **SB21B.73121**

Form/Schedule : **SB21B**

1

Transaction ID : **SB21B.73124**

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 88 / 133

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
LIBERTARIAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) Financial Agent Federal Tax Deposit	<b>Transaction ID:</b> SB21B.73126 <b>Date of Disbursement</b>																				
Mailing Address PO Box 970030	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		2	6		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		2	6		2	0	0	9												
City State Zip Code St. Louis MO 63197-0030	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Medicare Employee Candidate Name	<table border="1"> <tr> <td colspan="10">160.29</td> </tr> </table>	160.29																			
160.29																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type 001																				
<b>B.</b> Full Name (Last, First, Middle Initial) Financial Agent Federal Tax Deposit	<b>Transaction ID:</b> SB21B.73130 <b>Date of Disbursement</b>																				
Mailing Address PO Box 970030	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		2	6		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		2	6		2	0	0	9												
City State Zip Code St. Louis MO 63197-0030	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Social Security Company Candidate Name	<table border="1"> <tr> <td colspan="10">685.36</td> </tr> </table>	685.36																			
685.36																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type 001																				
<b>C.</b> Full Name (Last, First, Middle Initial) Financial Agent Federal Tax Deposit	<b>Transaction ID:</b> SB21B.73132 <b>Date of Disbursement</b>																				
Mailing Address PO Box 970030	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		2	6		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		2	6		2	0	0	9												
City State Zip Code St. Louis MO 63197-0030	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Social Security Employee Candidate Name	<table border="1"> <tr> <td colspan="10">685.36</td> </tr> </table>	685.36																			
685.36																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type 001																				

**SUBTOTAL** of Disbursements This Page (optional) .....

1531.01

**TOTAL** This Period (last page this line number only) .....



Form/Schedule : **SB21B** 1□  
Transaction ID : **SB21B.73126**

Form/Schedule : **SB21B** 1□  
Transaction ID : **SB21B.73130**

Form/Schedule : **SB21B**

1

Transaction ID : **SB21B.73132**

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 91 / 133

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
LIBERTARIAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) FP Mailing Solutions	<b>Transaction ID:</b> SB21B.73079 <b>Date of Disbursement</b>																				
Mailing Address Dept 4272	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		3	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		3	1		2	0	0	9												
City Carol Stream State IL Zip Code 60122-4272	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Postage and Meter Resets Candidate Name	<table border="1"> <tr> <td colspan="10">500.00</td> </tr> </table>	500.00																			
500.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Casey T Hansen	<b>Transaction ID:</b> SB21B.73047 <b>Date of Disbursement</b>																				
Mailing Address 1445 Ogden St. NW #212	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	3		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		1	3		2	0	0	9												
City Washington State DC Zip Code 20010-0000	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Employee Net Pay Candidate Name	<table border="1"> <tr> <td colspan="10">969.68</td> </tr> </table>	969.68																			
969.68																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Casey T Hansen	<b>Transaction ID:</b> SB21B.73048 <b>Date of Disbursement</b>																				
Mailing Address 1445 Ogden St. NW #212	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		2	7		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		2	7		2	0	0	9												
City Washington State DC Zip Code 20010-0000	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Employee Net Pay Candidate Name	<table border="1"> <tr> <td colspan="10">969.68</td> </tr> </table>	969.68																			
969.68																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

2439.36

**TOTAL** This Period (last page this line number only) .....

Form/Schedule : **SB21B** 1□  
Transaction ID : **SB21B.73079**

Form/Schedule : **SB21B** 1□  
Transaction ID : **SB21B.73047**

Form/Schedule : **SB21B**

1

Transaction ID : **SB21B.73048**

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 94 / 133

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Ian W. Hosking

Mailing Address 4400 Mass Ave NW  
Apt 403

City Washington State DC Zip Code 20016-0000

Purpose of Disbursement

Employee Net Pay

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.73050

Date of Disbursement

05 / 27 / 2009

Amount of Each Disbursement this Period

215.17

B.

Full Name (Last, First, Middle Initial)

Ideal Mailing, Inc.

Mailing Address 800 Overhead Dr.

City Oklahoma City State OK Zip Code 73128-0000

Purpose of Disbursement

Postage for Non Candidate Mailing

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.73080

Date of Disbursement

05 / 15 / 2009

Amount of Each Disbursement this Period

2686.75

C.

Full Name (Last, First, Middle Initial)

Joe Ragan's

Mailing Address PO Box 125

City Soringfield State VA Zip Code 22150-0125

Purpose of Disbursement

Office Supplies

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.73157

Date of Disbursement

05 / 07 / 2009

Amount of Each Disbursement this Period

244.49

SUBTOTAL of Disbursements This Page (optional) .....

3146.41

TOTAL This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 96 / 133

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
LIBERTARIAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) Joe Ragan's Mailing Address PO Box 125	<b>Transaction ID:</b> SB21B.73081 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 2 8 / 2 0 0 9</div> </div>
City State Zip Code Soringfield VA 22150-0125 Purpose of Disbursement Office Supplies Candidate Name <div> <div>001</div> <div>Category/Type</div> </div> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Amount of Each Disbursement this Period</b> <div>184.88</div>
<b>B.</b> Full Name (Last, First, Middle Initial) Robert S Kraus Mailing Address 5375 Duke Street Apt 905 City State Zip Code Alexandria VA 22304-0000 Purpose of Disbursement Employee Net Pay Candidate Name <div> <div>001</div> <div>Category/Type</div> </div> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> SB21B.73051 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 1 3 / 2 0 0 9</div> </div> <b>Amount of Each Disbursement this Period</b> <div>1779.63</div>
<b>C.</b> Full Name (Last, First, Middle Initial) Robert S Kraus Mailing Address 5375 Duke Street Apt 905 City State Zip Code Alexandria VA 22304-0000 Purpose of Disbursement Employee Net Pay Candidate Name <div> <div>001</div> <div>Category/Type</div> </div> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> SB21B.73052 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 2 7 / 2 0 0 9</div> </div> <b>Amount of Each Disbursement this Period</b> <div>1492.89</div>

**SUBTOTAL** of Disbursements This Page (optional) .....

**3457.40**

**TOTAL** This Period (last page this line number only) .....



Form/Schedule : **SB21B** 1□  
Transaction ID : **SB21B.73081**

Form/Schedule : **SB21B** 1□  
Transaction ID : **SB21B.73051**

Form/Schedule : **SB21B**

1

Transaction ID : **SB21B.73052**

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 99 / 133

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MAMSI - UnitedHealth (WFG)

Mailing Address Dept. CH-10151

City  
Palatine

State  
IL

Zip Code  
60055-0151

Purpose of Disbursement  
Employee Health Insurance

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.73083

Date of Disbursement

05 / 22 / 2009

Amount of Each Disbursement this Period

1742.96

B.

Full Name (Last, First, Middle Initial)

MCS Direct, Inc.

Mailing Address 321 Manley Street

City  
West Bridgewater

State  
MA

Zip Code  
02379-0000

Purpose of Disbursement  
Non Candidate Party Mailing Serv

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.73084

Date of Disbursement

05 / 14 / 2009

Amount of Each Disbursement this Period

3694.33

C.

Full Name (Last, First, Middle Initial)

Mark J. Meranta

Mailing Address 5883 Anthony Dr.

City  
Woodbridge

State  
VA

Zip Code  
22193-0000

Purpose of Disbursement  
Employee Net Pay

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.73053

Date of Disbursement

05 / 13 / 2009

Amount of Each Disbursement this Period

415.42

SUBTOTAL of Disbursements This Page (optional) .....

5852.71

TOTAL This Period (last page this line number only) .....



Form/Schedule : **SB21B**

1

Transaction ID : **SB21B.73053**

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 102 / 133

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
LIBERTARIAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) Mark J. Meranta	<b>Transaction ID:</b> SB21B.73054 <b>Date of Disbursement</b>
Mailing Address 5883 Anthony Dr.	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 2 7 / 2 0 0 9</div> </div>
City Woodbridge State VA Zip Code 22193-0000	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Employee Net Pay	<div>418.52</div>
Candidate Name	<div>001</div> <div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Merchant Services	<b>Transaction ID:</b> SB21B.73085 <b>Date of Disbursement</b>
Mailing Address 890 Mountain Ave	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 3 1 / 2 0 0 9</div> </div>
City New Providence State NJ Zip Code 07974-0000	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Credit Card Processing Fee	<div>710.93</div>
Candidate Name	<div>001</div> <div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) National Electronic Type, Inc	<b>Transaction ID:</b> SB21B.73160 <b>Date of Disbursement</b>
Mailing Address 2320 S. Kansas Ave	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 2 8 / 2 0 0 9</div> </div>
City Topeka State KS Zip Code 66611-0000	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Office Supplies	<div>446.35</div>
Candidate Name	<div>001</div> <div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

1575.80

**TOTAL** This Period (last page this line number only) .....

Form/Schedule : **SB21B** 1□  
Transaction ID : **SB21B.73054**

Form/Schedule : **SB21B** 1□  
Transaction ID : **SB21B.73085**

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 104 / 133

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
LIBERTARIAN NATIONAL COMMITTEE

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Oklahomans for Ballot Access Reform</p> <p>Mailing Address c/of Angelia O'Dell 3527 E. 4th St.</p> <p>City Tulsa State OK Zip Code 74112-0000</p> <p>Purpose of Disbursement OK Ballot Access Lobbying Efforts</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.73087</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1000.00"/></p> <p>Category/Type: <input type="text" value="001"/></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) PAETEC - US LEC Corp.</p> <p>Mailing Address PO Box 1317</p> <p>City Buffalo State NY Zip Code 14240-1317</p> <p>Purpose of Disbursement Phone and Data Services</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.73161</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="1"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1145.44"/></p> <p>Category/Type: <input type="text" value="003"/></p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) PayPal Merchant Services</p> <p>Mailing Address 2211 N. First St.</p> <p>City San Jose State CA Zip Code 95131-0000</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.73089</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="901.29"/></p> <p>Category/Type: <input type="text" value="001"/></p>

**SUBTOTAL** of Disbursements This Page (optional) .....

**3046.73**

**TOTAL** This Period (last page this line number only) .....



Form/Schedule : **SB21B** 1□  
Transaction ID : **SB21B.73087**

Form/Schedule : **SB21B** 1□  
Transaction ID : **SB21B.73089**

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 106 / 133

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
LIBERTARIAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) Austin W Petersen	<b>Transaction ID:</b> SB21B.73055 <b>Date of Disbursement</b>																				
Mailing Address 309 N. Jordan St. Apt 102	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	3		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		1	3		2	0	0	9												
City Alexandria State VA Zip Code 22304-0000	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Employee Net Pay Candidate Name	<table border="1"> <tr> <td colspan="10">1331.45</td> </tr> </table>	1331.45																			
1331.45																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Austin W Petersen	<b>Transaction ID:</b> SB21B.73056 <b>Date of Disbursement</b>																				
Mailing Address 309 N. Jordan St. Apt 102	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		2	7		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		2	7		2	0	0	9												
City Alexandria State VA Zip Code 22304-0000	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Employee Net Pay Candidate Name	<table border="1"> <tr> <td colspan="10">1331.44</td> </tr> </table>	1331.44																			
1331.44																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) PNC - Riggs Bank	<b>Transaction ID:</b> SB21B.73090 <b>Date of Disbursement</b>																				
Mailing Address 2600 Virginia Ave NW	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		3	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		3	1		2	0	0	9												
City Washington State DC Zip Code 20037-0000	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Bank Service Charges Candidate Name	<table border="1"> <tr> <td colspan="10">181.46</td> </tr> </table>	181.46																			
181.46																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**2844.35**

**TOTAL** This Period (last page this line number only) .....

Form/Schedule : **SB21B** 1□  
Transaction ID : **SB21B.73055**

Form/Schedule : **SB21B** 1□  
Transaction ID : **SB21B.73056**

Form/Schedule : **SB21B**

1

Transaction ID : **SB21B.73090**

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 109 / 133

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
LIBERTARIAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) PNC Master Card	<b>Transaction ID:</b> SB21B.73091 <b>Date of Disbursement</b>																				
Mailing Address PO Box 790350	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		3	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		3	0		2	0	0	9												
City St. Louis State MO Zip Code 63179-0350	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Credit Card Payment(See Attached Memos)	<table border="1"> <tr> <td colspan="10">5640.02</td> </tr> </table>	5640.02																			
5640.02																					
Candidate Name	<table border="1"> <tr> <td>001</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	001	Category/ Type																		
001																					
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Accurint	<b>Transaction ID:</b> SB21B.73091.0 <b>Date of Disbursement</b>																				
Mailing Address P.O. Box 538358	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		3	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		3	0		2	0	0	9												
City Atlanta State GA Zip Code 30353-8358	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Address and Telephone Verification Svcs	<table border="1"> <tr> <td colspan="10">352.52</td> </tr> </table>	352.52																			
352.52																					
Candidate Name	<table border="1"> <tr> <td>001</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	001	Category/ Type																		
001																					
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Lyris Tech - Sparklist	<b>Transaction ID:</b> SB21B.73091.2 <b>Date of Disbursement</b>																				
Mailing Address PO Box 49023	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		3	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		3	0		2	0	0	9												
City San Jose State CA Zip Code 95161-9023	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Email Marketing Services	<table border="1"> <tr> <td colspan="10">3710.96</td> </tr> </table>	3710.96																			
3710.96																					
Candidate Name	<table border="1"> <tr> <td>003</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	003	Category/ Type																		
003																					
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

5640.02

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 111 / 133

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
LIBERTARIAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Marriott Hotels

Mailing Address 1 Marriott Drive

City Washington State DC Zip Code 20058-0000

Purpose of Disbursement

Staff Travel-Hotel

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.73091.3

Date of Disbursement

05 / 30 / 2009

Amount of Each Disbursement this Period

475.68

[MEMO ITEM]

**B.**

Full Name (Last, First, Middle Initial)

Postmaster

Mailing Address US Post Office Watergate  
2500 virginia Ave NW

City Washington State DC Zip Code 20037-0000

Purpose of Disbursement

Postage

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.73091.5

Date of Disbursement

05 / 30 / 2009

Amount of Each Disbursement this Period

224.40

[MEMO ITEM]

**C.**

Full Name (Last, First, Middle Initial)

Rackspace US Inc.

Mailing Address 9725 Datapoint Dr. #100

City San Antonio State TX Zip Code 78229-0000

Purpose of Disbursement

Website Hosting Service

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.73091.6

Date of Disbursement

05 / 30 / 2009

Amount of Each Disbursement this Period

798.00

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional) ►

0.00

**TOTAL** This Period (last page this line number only) ►

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 112 / 133

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
 LIBERTARIAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) QuickBooks Payroll Service	<b>Transaction ID:</b> SB21B.73127 <b>Date of Disbursement</b>
Mailing Address PO Box 30015	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 1 2 / 2 0 0 9</div> </div>
City Reno State NV Zip Code 89520-3015	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Payroll Processing Fee Candidate Name	<div> <div>103.90</div> <div>001 Category/ Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) QuickBooks Payroll Service	<b>Transaction ID:</b> SB21B.73128 <b>Date of Disbursement</b>
Mailing Address PO Box 30015	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 2 6 / 2 0 0 9</div> </div>
City Reno State NV Zip Code 89520-3015	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Payroll Processing Fee Candidate Name	<div> <div>20.36</div> <div>001 Category/ Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) William Redpath	<b>Transaction ID:</b> SB21B.73039 <b>Date of Disbursement</b>
Mailing Address 827 Anthony Ct SE	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 0 7 / 2 0 0 9</div> </div>
City Leesburg State VA Zip Code 20175-0000	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Travel - Hotel(See Attached Memo) Candidate Name	<div> <div>200.37</div> <div>002 Category/ Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

**324.63**

**TOTAL** This Period (last page this line number only) .....



Form/Schedule : **SB21B** 1□  
Transaction ID : **SB21B.73127**

Form/Schedule : **SB21B** 1□  
Transaction ID : **SB21B.73128**

Form/Schedule : **SB21B**

2

Transaction ID : **SB21B.73039**

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 115 / 133

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
LIBERTARIAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) Hilton Hotels Inc.	<b>Transaction ID:</b> SB21B.73039.0 <b>Date of Disbursement</b>																				
Mailing Address 9336 Civic Center Drive	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>0</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		0	7		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		0	7		2	0	0	9												
City State Zip Code Beverly Hills CA 90210-0000 Purpose of Disbursement Staff Travel - Lodging Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td>200.37</td> </tr> </table>	200.37																			
200.37																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]																				
<b>B.</b> Full Name (Last, First, Middle Initial) Safeway	<b>Transaction ID:</b> SB21B.73104 <b>Date of Disbursement</b>																				
Mailing Address 2550 Virginia Ave NW	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		0	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		0	1		2	0	0	9												
City State Zip Code Washington DC 20037-0000 Purpose of Disbursement Office Supplies Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td>150.00</td> </tr> </table>	150.00																			
150.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
<b>C.</b> Full Name (Last, First, Middle Initial) Safeway	<b>Transaction ID:</b> SB21B.73103 <b>Date of Disbursement</b>																				
Mailing Address 2550 Virginia Ave NW	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	3		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		1	3		2	0	0	9												
City State Zip Code Washington DC 20037-0000 Purpose of Disbursement Office Supplies Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td>100.00</td> </tr> </table>	100.00																			
100.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					

**SUBTOTAL** of Disbursements This Page (optional) .....

250.00

**TOTAL** This Period (last page this line number only) .....

Form/Schedule : **SB21B** 1□  
Transaction ID : **SB21B.73104**

Form/Schedule : **SB21B** 1□  
Transaction ID : **SB21B.73103**

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 117 / 133

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
LIBERTARIAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) Safeway	<b>Transaction ID:</b> SB21B.73102 <b>Date of Disbursement</b>																				
Mailing Address 2550 Virginia Ave NW	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		2	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		2	0		2	0	0	9												
City Washington State DC Zip Code 20037-0000	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Office Supplies Candidate Name	<table border="1"> <tr> <td colspan="10">25.00</td> </tr> </table>	25.00																			
25.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Gary Sinawski	<b>Transaction ID:</b> SB21B.73040 <b>Date of Disbursement</b>																				
Mailing Address 180 Montage St. 25th Floor	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>0</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		0	7		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		0	7		2	0	0	9												
City Brooklyn State NY Zip Code 11201-3623	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement LP Legal Expenses Candidate Name	<table border="1"> <tr> <td colspan="10">3000.00</td> </tr> </table>	3000.00																			
3000.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) State Farm Insurance Com	<b>Transaction ID:</b> SB21B.73105 <b>Date of Disbursement</b>																				
Mailing Address PO Box 588002 Insurance Support -2109810135	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		2	8		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		2	8		2	0	0	9												
City North Metro State GA Zip Code 30029-8002	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Insurance Candidate Name	<table border="1"> <tr> <td colspan="10">411.48</td> </tr> </table>	411.48																			
411.48																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**3436.48**

**TOTAL** This Period (last page this line number only) .....

Form/Schedule : **SB21B** 1□  
Transaction ID : **SB21B.73102**

Form/Schedule : **SB21B** 1□  
Transaction ID : **SB21B.73040**

Form/Schedule : **SB21B**

1

Transaction ID : **SB21B.73105**

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 120 / 133

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
LIBERTARIAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) Telecompute Corporation Mailing Address P.O. Box 106019	<b>Transaction ID:</b> SB21B.73107 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 0 7 / 2 0 0 9</div> </div>
City Atlanta State GA Zip Code 30348-6019 Purpose of Disbursement Phone and Data Services Candidate Name <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	<b>Amount of Each Disbursement this Period</b> <div>63.28</div> <div>001</div> Category/ Type
<b>B.</b> Full Name (Last, First, Middle Initial) Telecompute Corporation Mailing Address P.O. Box 106019	<b>Transaction ID:</b> SB21B.73106 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 2 8 / 2 0 0 9</div> </div>
City Atlanta State GA Zip Code 30348-6019 Purpose of Disbursement Phone and Data Services Candidate Name <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	<b>Amount of Each Disbursement this Period</b> <div>52.96</div> <div>001</div> Category/ Type
<b>C.</b> Full Name (Last, First, Middle Initial) Terra Eclipse, Inc. Mailing Address 9043 Soquel Dr.	<b>Transaction ID:</b> SB21B.73108 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 1 4 / 2 0 0 9</div> </div>
City Aptos State CA Zip Code 95003-0000 Purpose of Disbursement Website Management Candidate Name <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	<b>Amount of Each Disbursement this Period</b> <div>2500.00</div> <div>001</div> Category/ Type

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

2616.24

**TOTAL** This Period (last page this line number only) ..... ►





Form/Schedule : **SB21B**

1

Transaction ID : **SB21B.73108**

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 123 / 133

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
LIBERTARIAN NATIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) Ticketmaster	<b>Transaction ID:</b> SB21B.73109 <b>Date of Disbursement</b>																				
Mailing Address 1601 Elm St., Ste. 700	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		3	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		3	1		2	0	0	9												
City Dallas State TX Zip Code 75201-0000	Amount of Each Disbursement this Period																				
Purpose of Disbursement Credit Card Processing Fee Candidate Name	<table border="1"> <tr> <td colspan="10">157.11</td> </tr> </table>	157.11																			
157.11																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Virginia Dept. of Taxation	<b>Transaction ID:</b> SB21B.73133 <b>Date of Disbursement</b>																				
Mailing Address PO Box 26644	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	2		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		1	2		2	0	0	9												
City Richmond State VA Zip Code 23261-6644	Amount of Each Disbursement this Period																				
Purpose of Disbursement VA - Withholding Candidate Name	<table border="1"> <tr> <td colspan="10">457.00</td> </tr> </table>	457.00																			
457.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Virginia Dept. of Taxation	<b>Transaction ID:</b> SB21B.73134 <b>Date of Disbursement</b>																				
Mailing Address PO Box 26644	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		2	6		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		2	6		2	0	0	9												
City Richmond State VA Zip Code 23261-6644	Amount of Each Disbursement this Period																				
Purpose of Disbursement VA - Withholding Candidate Name	<table border="1"> <tr> <td colspan="10">405.00</td> </tr> </table>	405.00																			
405.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

1019.11

**TOTAL** This Period (last page this line number only) .....

Form/Schedule : **SB21B** 1□  
Transaction ID : **SB21B.73109**

Form/Schedule : **SB21B** 1□  
Transaction ID : **SB21B.73133**

Form/Schedule : **SB21B**

1

Transaction ID : **SB21B.73134**

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 126 / 133

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Washington Cable

Mailing Address 700 Seventh St SW

City  
Washington

State  
DC

Zip Code  
20024-2484

Purpose of Disbursement  
TV Cable Services

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.73110

Date of Disbursement

05 / 14 / 2009

Amount of Each Disbursement this Period

330.00

**B.**

Full Name (Last, First, Middle Initial)

Worldwide Express - DHL

Mailing Address 1911 North Ft. Myer Dr. Ste 108

City  
Arlington

State  
VA

Zip Code  
22209-0000

Purpose of Disbursement  
Shipping Services

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.73111

Date of Disbursement

05 / 14 / 2009

Amount of Each Disbursement this Period

87.56

**SUBTOTAL** of Disbursements This Page (optional) .....

417.56

**TOTAL** This Period (last page this line number only) .....

88115.48

Form/Schedule : **SB21B** 1□  
Transaction ID : **SB21B.73110**

Form/Schedule : **SB21B** 1□  
Transaction ID : **SB21B.73111**

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 128 / 133

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
 Advanced Mailing Services, LLC

 Nature of Debt (Purpose):  
 Non Candidate Party Mail-  
 ing Service

Mailing Address 14970 Farm Creek Drive

City	State	ZIP Code
Woodbridge	VA	22191-3550

Outstanding Balance Beginning This Period

3576.93

Transaction ID: SD10.70009

Amount Incurred This Period

0.00

Payment This Period

3576.93

Outstanding Balance at Close of This Period

0.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
 Advanced Mailing Services, LLC

 Nature of Debt (Purpose):  
 Non Candidate Party Mail-  
 ing Service

Mailing Address 14970 Farm Creek Drive

City	State	ZIP Code
Woodbridge	VA	22191-3550

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10.73177

Amount Incurred This Period

3344.47

Payment This Period

0.00

Outstanding Balance at Close of This Period

3344.47

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
 Arcade Press

 Nature of Debt (Purpose):  
 Office Supplies

Mailing Address 5436 Harford Rd.

City	State	ZIP Code
Baltimore	MD	21214-2292

Outstanding Balance Beginning This Period

615.00

Transaction ID: SD10.70010

Amount Incurred This Period

0.00

Payment This Period

615.00

Outstanding Balance at Close of This Period

0.00

1) **SUBTOTALS** This Period This Page (optional).....

3344.47

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)



**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 129 / 133

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
 B & B Duplicators

 Nature of Debt (Purpose):  
 Non Candidate Party Mail-  
 ing Serv

Mailing Address 818 18th Street NW LL15

City	State	ZIP Code
Washington	DC	20006-0000

Outstanding Balance Beginning This Period

380.70

Transaction ID: SD10.70011

Amount Incurred This Period

0.00

Payment This Period

380.70

Outstanding Balance at Close of This Period

0.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
 Christy Carmody

 Nature of Debt (Purpose):  
 Non Candidate Party Graph-  
 ic Design

Mailing Address 1751 Camarillo Drive

City	State	ZIP Code
N. Las Vegas	NV	89031-0000

Outstanding Balance Beginning This Period

525.00

Transaction ID: SD10.70012

Amount Incurred This Period

0.00

Payment This Period

525.00

Outstanding Balance at Close of This Period

0.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
 Commonwealth Digital Office Solutions

 Nature of Debt (Purpose):  
 Copier Maintenance

Mailing Address 21205 Ridgetop Circle

City	State	ZIP Code
Sterling	VA	20166-6501

Outstanding Balance Beginning This Period

330.69

Transaction ID: SD10.70013

Amount Incurred This Period

0.00

Payment This Period

330.69

Outstanding Balance at Close of This Period

0.00

1) **SUBTOTALS** This Period This Page (optional).....

0.00

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 130 / 133

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
DirectMail.comNature of Debt (Purpose):  
Non Candidate Party Mail-  
ing ServiceMailing Address 5511 Ketch Road  
Attn: Beverly KalbaughCity State ZIP Code  
Prince Frederick MD 20678-0000

Outstanding Balance Beginning This Period

1998.32

Transaction ID: SD10.70014

Amount Incurred This Period

0.00

Payment This Period

1998.32

Outstanding Balance at Close of This Period

0.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
DirectMail.comNature of Debt (Purpose):  
Non Candidate Party Mail-  
ing ServiceMailing Address 5511 Ketch Road  
Attn: Beverly KalbaughCity State ZIP Code  
Prince Frederick MD 20678-0000

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10.73178

Amount Incurred This Period

2220.60

Payment This Period

0.00

Outstanding Balance at Close of This Period

2220.60

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Ideal Mailing, Inc.Nature of Debt (Purpose):  
Non Candidate Party Mail-  
ing Service

Mailing Address 800 Overhead Dr.

City State ZIP Code  
Oklahoma City OK 73128-0000

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10.73179

Amount Incurred This Period

1381.08

Payment This Period

0.00

Outstanding Balance at Close of This Period

1381.08

**1) SUBTOTALS** This Period This Page (optional).....

3601.68

**2) TOTALS** This Period (last page this line number only).....**3) TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 131 / 133

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10NAME OF COMMITTEE (In Full)  
LIBERTARIAN NATIONAL COMMITTEE**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Joe Ragan'sNature of Debt (Purpose):  
Office Supplies

Mailing Address PO Box 125

City State ZIP Code  
Springfield VA 22150-0125

Outstanding Balance Beginning This Period

244.49

Transaction ID: SD10.70015

Amount Incurred This Period

0.00

Payment This Period

244.49

Outstanding Balance at Close of This Period

0.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
National Electronic Type, IncNature of Debt (Purpose):  
Non Candidate Party Print-  
ing Service

Mailing Address 2320 S. Kansas Ave

City State ZIP Code  
Topeka KS 66611-0000

Outstanding Balance Beginning This Period

446.35

Transaction ID: SD10.70016

Amount Incurred This Period

0.00

Payment This Period

446.35

Outstanding Balance at Close of This Period

0.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
PAETEC - US LEC Corp.Nature of Debt (Purpose):  
Phone and Data Services

Mailing Address PO Box 1317

City State ZIP Code  
Buffalo NY 14240-1317

Outstanding Balance Beginning This Period

1145.44

Transaction ID: SD10.70017

Amount Incurred This Period

0.00

Payment This Period

1145.44

Outstanding Balance at Close of This Period

0.00

1) **SUBTOTALS** This Period This Page (optional).....

0.00

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 132 / 133

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
PAETEC - US LEC Corp.Nature of Debt (Purpose):  
Phone and Data Services

Mailing Address PO Box 1317

City	State	ZIP Code
Buffalo	NY	14240-1317

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10.73180

Amount Incurred This Period

1176.30

Payment This Period

0.00

Outstanding Balance at Close of This Period

1176.30

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Gary SinawskiNature of Debt (Purpose):  
Legal Expenses

Mailing Address 180 Montage St. 25th Floor

City	State	ZIP Code
Brooklyn	NY	11201-3623

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10.73181

Amount Incurred This Period

2500.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2500.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Stigler PrintingNature of Debt (Purpose):  
Non Candidate Party Mail-  
ing Service

Mailing Address Box 549 - 204 S. Broadway

City	State	ZIP Code
Stigler	OK	74462-0000

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10.73182

Amount Incurred This Period

2024.06

Payment This Period

0.00

Outstanding Balance at Close of This Period

2024.06

**1) SUBTOTALS** This Period This Page (optional).....

5700.36

**2) TOTALS** This Period (last page this line number only).....**3) TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 133 / 133

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10NAME OF COMMITTEE (In Full)  
LIBERTARIAN NATIONAL COMMITTEE**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Target AmericaNature of Debt (Purpose):  
List Service for Board Fu-  
ndraising

Mailing Address 10560 Main Street, Ste #301

City State ZIP Code  
Fairfax VA 22030-0000

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10.73183

Amount Incurred This Period

1000.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1000.00

1) **SUBTOTALS** This Period This Page (optional)..... ▶

1000.00

2) **TOTALS** This Period (last page this line number only)..... ▶

13646.51

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

13646.51